

21. Typhus is least fatal between the ages of ten and twenty, the mortality at that period of life being under 5 per cent. Above twenty, the mortality increases with the age, until, of those above fifty, considerably more than one-half die. The mortality from relapsing fever appears to be influenced by age in a similar manner. In typhoid fever, on the other hand, in no period of life is the mortality under 12½ per cent.; and although, as in typhus, the rate of mortality increases with the age, it does so in a less degree.

22. The mortality from typhus is greater among the very poor than among those in better circumstances. Typhoid fever is equally mortal in all classes.

23. Recency of residence increases the mortality from, as well as the liability to, typhoid fever, but has no such influence over typhus.

24. Typhus and relapsing fever are strongly assimilated in the causes which give rise to them, if the specific poison of the two be not actually the same. Typhoid fever, on the contrary, appears to be a perfectly distinct affection, dependent upon totally different causes.

25. The facts which have been adduced in reference to the mode of origin of the different forms of fever deserve the serious attention of those intrusted with the care of the public health, for it is manifest that, should they be confirmed by subsequent observation, they must have an important bearing on the subject of hygiene.—*Med. Times and Gaz.*, May 8, 1858.

15. *Is Intestinal Hemorrhage Diagnostic of Typhus or Typhoid Fevers?*—In an interesting paper read before the King's and Queen's College of Physicians of Ireland (January 7, 1857), by Dr. HENRY KENNEDY, the author relates a case of typhoid fever in which blood was poured out in very large quantities from the lower part of the jejunum and upper part of the ileum, without any abrasion; and he presents the following conclusions:—

"1. That intestinal hemorrhage is common to fevers of both the typhus and typhoid type.

"2. That it would appear to be more common in typhus and common fevers than in typhoid fever.

"3. That the blood may, beyond dispute, be exuded from the mucous membrane, independent of ulceration.

"4. That a hemorrhage sufficient to cause death may take place from the mucous membrane of the small intestine, and may be, in the strictest sense, an internal hemorrhage, the blood not leaving the part on which it was poured out.

"5. That the recovery of patients after intestinal hemorrhage is, in general, too rapid to allow us to suppose that it was the result of ulcerated intestine.

"6. That as a corollary from these several points, intestinal hemorrhage may afford us an additional diagnostic mark between typhus and typhoid fevers."—*Dub. Quart. Journ. of Med. Sci.*, August, 1857.

16. *Yellow Fever Epidemic of 1856, at New Castle, Jamaica.*—Dr. LAWSON, Deputy Inspector of Hospitals, communicated an elaborate paper on this subject to the Army Medical and Surgical Society (Feb. 6, 1858). The paper was amply illustrated by cases, tables, a plan-drawing of the mountain ridges on which Newcastle stands, and a photograph of the barracks, etc., showing their position and distribution.

The most novel and interesting features connected with this report, which is much too long to abstract or abridge without destroying its integrity, are the following:—

1. It denies the conclusions arrived at by Baron Humboldt, Dr. Fergusson, and others, of the possibility of yellow fever occurring at an elevation of 4,000 feet above the level of the sea. On this point the author states: "An opinion has long prevailed that the severe forms of tropical fever could not originate or spread at a considerable elevation above the sea."

The grounds for this opinion seem to be the statement of Humboldt, that yellow fever was confined to the low country on the coast near Vera Cruz, and that it did not pass the farm of L'Encero, elevated 3,045 English feet above the sea, "the heat there being insufficient to develop its germ;" and that of Fergusson,

with reference to the varieties of fever occurring at different elevations in St. Domingo.

The remarks of these authorities were no doubt correct for the time and place; but it must not be thence concluded that all the conditions requisite for the production of these forms of fever, except that of suitable elevation, were present in the cases they adduce. Their deductions, therefore, require to be applied cautiously to other localities, and may render certain modifications of the conditions henceforward inapplicable to the same localities at another time.

2. It disposes satisfactorily enough in the present epidemic of the non-contagious nature of yellow fever. The following are the grounds for this conclusion: That out of 156 men, taken indiscriminately from the different barrack-rooms, very few of whom could have had yellow fever before, and who afford 210 instances of exposure for 24 hours to the emanations from the sick in the fever wards, that only 8 were subsequently affected with fevers of any sort, of whom 3 died; while from the remainder of the troops in the cantonment, amounting at the commencement of the epidemic to 523, there were 89 attacked with fever, of whom 38 died. Putting these numbers in the form of a centesimal ratio, for the sake of comparison, they stand thus:—

	Total strength.	Attacked per cent.	Died per cent.	Died per cent. of those attacked.
Men who attended fever cases . . .	156	5.1	1.9	38.0
Men who did not attend fever cases . .	523	17.0	7.3	43.0

It likewise disproves the commonly received opinion, that a temperature of at least 80 degs. Fahrenheit is necessary to develop its form, whatever that may be.

This fact is illustrated by the following table of temperature:—

1856.	6 A. M.	2 P. M.	6 P. M.	Mean.
July	67.5°	74.2°	72.5°	71.4°
August	67.1	73.8	72.0	71.0
September	67.4	73.7	71.8	71.0
October	65.3	72.7	70.1	69.4
November	62.2	69.2	64.2	66.6
December	60.1	68.8	63.5	65.3

the disease having prevailed as an epidemic at New Castle with a mean of 10 degs. lower, and continued until the mean temperature had fallen 5 degs. more.

The author confirms the fact previously noticed, of the suspension of yellow fever under the influence of heavy rain, which has been observed in every epidemic at Sierra Leone, at which time the fever assumed a purely remittent type. He inquires, "Can this be explained on the assumption of yellow fever being propagated by specific contagion?"

He concludes by stating, with reference to New Castle, that the above facts seem to leave open no other inference than that the yellow fever there in 1856 arose from local causes.

Whether similar causes were in operation there in other years, and if so, why they did not lead to a similar result, are questions that the present state of our information does not admit of being answered. It seems, however, that in addition to the ordinary local causes of disease, an epidemic constitution is necessary to account for the prevalence of fever.

Two out of three of the medical officers present were of opinion that it arose from local causes, and one that it might have been imported.—*Med. Times and Gaz.*, Feb. 20, 1858.

17. *Diagnosical and Prognostical Value of Hæmoptysis.*—Prof. TROUSSEAU observes that on finding an individual spitting blood, the first idea that presents itself is the existence of pulmonary tubercle; but if we note all the cases that present themselves, not in private, but in hospital practice, we shall find the hæmoptysis as often dependent upon other causes as upon tubercular disease. This statement, paradoxical as it may seem, is quite true when confined to hospital patients.